Snohomish County Dental Foundation

Raffle Donation Form

Please consider donating an item for the Raffle to be held during the Snohomish County Dental Society’s *Annual Gala & Staff Appreciation Night* on Thursday, October 27, 2022, at the Embassy Suites in Lynnwood. **100%** of the proceeds go directly to the Foundation. The Foundation is the charitable arm of our Society which supports dental-related community education and projects to increase access to dental care in Snohomish County. The Foundation is a 501(c)3 non-profit organization, so donations are tax-deductible.

Popular Items to Donate: ●**Cash Donations** or **Gift Cards** are always welcome!

●Themed **Gift Baskets** (Golf, Coffee, Wine, Romance, Relaxation, Cooking, Chocolate, Sports,

Movies/DVD, Floral, Night Out, Beauty -- get creative!) ●**Tickets** to social, cultural, or athletic events ●Technology—TV, iPad, Kindle, Amazon dot/echo, headphones ● Spa Treatments

●Gift Cards to Restaurants, Stores, local attractions ●Jewelry ●Unique items & experiences

**To donate an item for the Raffle,**

**please return this form no later than October 14, 2022**

**Mail to**: 6204 4th Avenue NW, Seattle WA 98107

***Questions?*** Please contact Sandra Anderson: 360.419.7444 or **Email: info@scdentists.org**

**Please provide information *exactly* as you would like it to be listed:**

Name of the Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fair Market Value:$

Donor Name (or company):

Detailed Description of the Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact Information:** (for internal use only)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip:\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT:**

□ Item is enclosed □ I will bring item to the Sept. 21 SCDS meeting

□ I will mail or ship the item to the SCDS office by October 14 (see address above)

□ I will bring or deliver the item to Embassy Suites in Lynnwood **by 5:00PM** on October 27

*Thank you for your generosity and support of dental needs in Snohomish County.*